

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND
(Northern Division)**

JAMES GAJEWSKI

Petitioner,

v.

**MIDDLE RIVER AIRCRAFT
SYSTEMS,**

Respondent.

Case No.: WMN 10cv1095

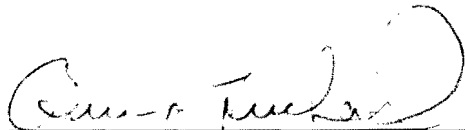
Date: May 21, 2010

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AFFIDAVIT OF SERVICE


I, Bruce M. Luchansky, Esq., attorney for Petitioner, certify that on May 18, 2010 pursuant to FRCP 4(h), I mailed a copy of the summons, Complaint, Civil Cover Sheet, Motion to Vacate Arbitration Award, and Memorandum in Support of Motion to Vacate Arbitration Award, in the above-captioned case by certified mail, to the Resident Agent for Respondent, The Corporation Trust Incorporated. The summons, pleading, and motion were in fact received by Respondent on May 19, 2010, as evidenced by the Resident Agent's signature on the original return receipt, a copy of which is attached as Exhibit 1.

I solemnly affirm under the penalties of perjury that the contents of this affidavit are true and correct.



Bruce M. Luchansky, Esq.
Luchansky, P.A.
911 N. Charles Street, Third Floor
Baltimore, Maryland 21201
410.522.1020
Attorneys for Petitioner, James Gajewski

EXHIBIT 1

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p> A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee </p>	
<p>1. Article Addressed to:</p> <p> <i>The Corporation Trust Incorporated 351 West Camden St. Baltimore, MD 21201</i> </p>		<p>B. Received by (Printed Name)</p> <p><i>[Handwritten Name]</i></p>	<p>C. Date of Delivery</p> <p><i>5/10/10</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7006 0810 0003 8265 7344</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540